

Appearance before the House of Commons Standing Committee on Health

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I am Dr. Katharine Smart, president of the Canadian Medical Association and a pediatrician based in the Yukon. I am speaking from the traditional territory of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council.

Thank you for this opportunity to address, once again, the growing health human resource emergency. This discussion remains critical.

Canada's health workforce is weathering a storm longer and fiercer than any in collective memory. Health workers are still depleted, distressed and leaving the profession. I'm so pleased to see my fellow health worker leaders appearing here today – the College of Family Physicians of Canada and the Canadian Nurses Association. We are unified in the belief that there is no health care system without health care workers.

We come to you today with solutions – transformational ideas and reminders of existing commitments – that can mitigate the current HHR crisis, address backlogs, expand access to primary care, attend to mental and digital health, and improve virtual care and data.

First, bring in retention incentives for health workers to improve health care access in areas of need.

Health care workers in underserved communities and particular care settings are burned out and exiting their career, creating serious resource constraints. Current commitments to incentives are a start, but more needs to be done.

Two, release the pressure of administrative burdens that health care workers face.

Heavy workload, compounded by administrative burdens, is often the kindling to provider burnout and worsening mental health. A commitment of \$300 million over three years through a federal fund could support jurisdictions to improve the well-being of health care workers through administrative and mental health supports in primary and secondary care settings.

And it is time to scale up collaborative, inter-professional primary care

Too few Canadians can access primary care when it's needed. It's time the federal government delivers on the \$3.2 billion commitment to increase patient access to family doctors and primary care teams. Primary care reform is health-system innovation that would move us from illness treatment to a focus on keeping Canadians well and out of emergency rooms. And move us from fee-for-service payment structures to blended or capitation payment models, allowing for more in-depth consultations instead of incentivizing short visits, which may be insufficient to address complex patient needs. So many of the challenges with Canada's health care systems, from funding to efficiencies to patient outcomes can be solved under one umbrella, in concert, with a team based, inter-professional, primary care model. Designed around the patient journey, primary care allows Canadians and their families to navigate the myriad of health services, when and where they need it. Imagine.

Add to that, an investment of \$400 million over four years can expand the government's existing work through the FPT Virtual Care/Digital Table. The pandemic created an almost overnight digital health revolution, with Canadians accessing care virtually. It cannot replace in-person care, but it has its place.

The CMA strongly urges the government to initiate a Parliamentary review on the regulatory barriers to the mobility and deployment of Canada's health workforce under the Canadian Free Trade Agreement. The current regulatory licensing frameworks have to move to a pan-Canadian licensure model, allowing health professionals to work where they would like and where the needs are the greatest.

Chair, we cannot discuss the HHR crisis without addressing the mental health of health workers. Long-term, sustainable supports are needed now.

Through the \$4.5 billion election promise in targeted mental health funding, we recommend the creation of the Pan-Canadian Mental Health Strategy for Healthcare Workers modelled on the federal government's 2019 Action Plan to support the mental wellness of Canada's public safety personnel.

And, finally, let's talk about data.

Canada cannot plan for our workforce supply needs or distribution if we do not appropriately collect data. With an investment of \$50 million over four years, we can enhance health workforce data standardization and collection processes across PTs, and establish a Centre of Excellence through an existing agency to centrally house the data and uphold jurisdictional planning efforts.

This innovative thinking, presented today, puts people at the very centre of the solution, ensuring that current and future generations of health care workers have the supports they need to join and remain in their profession.

There is a duty to address the emergency before us, immediately. From there, we can look forward to long-term integrated health human resources planning.

We have to care for those who care for Canadians.

I look forward to hearing from my health leader colleagues on the realities facing the nurses and family physicians they represent.

Thank you.